### Heart & Vascular Institute, PLLC

Performing Provider: Amir Kaki MD

Ronald Miller, 65 yrs Male, DOB: 11/14/1950

Visit Date: 09/28/2016 09:59AM

Visit Location: DETROIT HEART & VASCULAR INST, 4160 JOHN R ST STE 510, DETROIT, MI 48201-2021

Address: 14060 E State Fair St, Detroit, Michigan 48205-1867

Phone (Primary): 313-371-5841 Phone (Secondary): 313-926-9395 NOV: New patient

SSN: XXX-XX-2494

Insurance: MEDICARE B/Medicaid

Email: n/a

# Chief Complaint

Slight chest pain

### **Intake**

Medications were taken

### **Allergies**

No known active allergies

#### Medications

Aspir-Low 81 mg oral delayed release tablet: 1 enteric coated tablet once a day for 30 days

Plavix 75 mg oral tablet: 1 tablet once a day for 30 days

**Gabapentin 100 mg oral capsule:** 1 capsule 3 times a day for 30 days **Spironolactone 25 mg oral tablet:** 1 tablet once a day for 30 days **Lisinopril 10 mg oral tablet:** 1 tablet once a day for 30 days

Isosorbide Mononitrate Extended Release 30 mg oral tablet, extended release: 1 extended release tablet once a

day for 30 days

Propranolol Hydrochloride 10 mg oral tablet: 1 tablet 2 times a day for 30 days

Pravastatin Sodium 20 mg oral tablet: 1 tablet once a day for 30 days

### **Problems**

No known active problems

### Vital Signs

Date	Pulse	ВР	Resp	Temp	Height	Weight	вмі	Head Cir.
09/28/2016, 10:09 AM	77 beats/minute	119/82 mmHg	national realization and account of the second	er un anna de de la companya de la c	6 ft 1 in	186 lbs 2 ozs	24.6	

#### 09/28/2016, 10:09 AM:

right arm

### History of Present Illness

65 yo M with PMH of HTN, HLD, Hepatitis, s/p LHC distal LAD 90% lesion in small caliber vessel, nonobstructive Page 1 of 5

**Ronald Miller** (#3135134677) 65 yrs Male DOB:11/14/1950 Visit Date: 09/28/2016 09:59AM



disease elsewhere, for medical treatment. Pt c/o typical chest pain on exertion which has improved with medication. He denied SOB,leg pain,swelling, palpitation or syncope

not feeling fatigued; not tiring easily; no fever; no chills; no recent weight loss; no recent weight gain; **chest pain**; no palpitations; no leg pain with exercise; no cold hands or feet; no difficulty breathing; no orthopnea; no cough; no coughing up sputum; no hemoptysis; no wheezing; no dizziness; no fainting; no edema;

# Past Medical History

HTN

HLD

CAD

Hepatitis

Liver Ca

no difficulty breathing; no abdominal pain; no anxiety; **coronary artery disease**; no chest pain; no congestive heart failure; **systemic HTN**; no edema; no pneumonia; no chronic obstructive pulmonary disease; no esophageal reflux; no cholecystitis; no multiple renal cysts; **hyperlipidemia**; no osteopenia; no diabetes mellitus; no fracture; no depression;

# Social History

Has been a smoker for 40 years, smokes a half a pack a day

Behavioral History: tobacco use; smoking;

Alcohol: social drinker; Drug Use: no drug use;

Habits: good exercise habits;

Sexual History: not sexually active;

### Family History

- 1. Heart disease- Parents
- 2. HTN- Parents, grandparents, siblings
- 3. Cancer-parents

no anxiety; no alcohol abuse in family; no substance abuse; **family history of heart disease**; no family history of early deaths; no family history of bleeding problems; no congestive heart failure; **systemic HTN**; no asthma; no chronic obstructive pulmonary disease; no chronic renal failure; no diabetes mellitus; no depression; **cancer**;

# Review of Systems

Ear/Nose/Mouth/Throat no ear symptoms; no nasal symptoms; no throat symptoms; no oral cavity symptoms; no jaw symptoms;

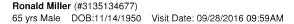
Cardiovascular chest pain; no palpitations; no leg pain with exercise;

**Respiratory** no difficulty breathing; no awakening at night short of breath; no orthopnea; no rapid breathing; no cough; no wheezing;

**Gastrointestinal** normal appetite; no pain on swallowing; no heartburn; no nausea; no vomiting; no bloating; no abdominal signs and symptoms; no change in bowel habit;

Musculoskeletal no musculoskeletal symptoms;

Page 2 of 5





Psychological no psychological symptoms;

Endocrine no polydipsia; not feeling dehydrated; no temperature intolerance; no thermal lability; no excessive sweating; no proptosis; no muscle weakness;

Hematologic/Lymphatic no hematologic symptoms;

Allergic/Immunologic no complaint of allergic reaction; no complaint of recurrent infections;

Systemic Symptoms: not tiring easily; no fever; no chills; no recent weight loss; no recent weight gain; normal appetite; no excessive sweating;

Neurological Symptoms: no dizziness; no lightheadedness; no fainting; no focal disturbances; no speech disturbance; no motor disturbances; normal walking;

Skin Symptoms: no excessive sweating; no easy bruisability; not itching; no skin lesions; examination of nails normal;



# S Physical Exam

**General Appearance:** general appearance normal; oriented to time, place, and person;

**Neck Exam:** neck veins not diffusely distended; no tenderness of neck on palpation; no decrease in neck suppleness; thyroid normal; no neck mass; carotid arteries normal;

Eye Exam: EOM normal; pupils normal; external eye normal; sclera normal; retina normal;

Ear Exam: ears normal;

Nose: no nasal discharge; nasal mucosa normal; nasal turbinate normal; no sinus tenderness;

Oral Exam: buccal mucosa moist;

Pharyngeal Exam: pharyngeal exam normal;

**Lymph Node Exam:** submandibular lymph nodes not enlarged; postauricular lymph nodes not enlarged;

Lung Exam: respiratory movements normal; lungs clear to auscultation;

Cardiovascular Exam: jugular vein normal; heart rate and rhythm normal; heart sounds normal; no murmur; apical impulse normal; no carotid artery bruit:

Abdominal Exam: no abdominal distention; bowel sounds normal; no abdominal bruit; abdomen soft; abdomen not firm; no abdominal muscle guarding; no direct abdominal tenderness; no abdominal mass; liver normal to palpation; spleen normal to palpation; no abdominal hernia;

**Neurological Exam:** oriented; no aphasia or dysphasia; cranial nerves normal; motor exam normal; no Romberg's sign; normal gait and stance; normal reflexes;

Skin Exam: no cyanosis; no diaphoresis; no skin lesions; skin normal except as noted;

Examination of Nails: no clubbing of fingernails;

Extremities: no pallor of extremities; skin of extremities not cold; popliteal pulses normal; posterior tibialis pulses normal; no edema;

### Vital Signs

Date	Pulse	ВР	Resp	Temp	Height	Weight	ВМІ	Head Cir.
09/28/2016, 10:09 AM	77 beats/minute	119/82 mmHg			6 ft 1 in	186 lbs 2 ozs	24.6	andre a Philosophe (1996) a Philosophe (1996) and he had a children

09/28/2016, 10:09 AM:

right arm

Page 3 of 5



# Tests and Procedures

Laboratory Studies: no ECG conclusions:;

### Tests & Procedures

Laboratory Studies: no ECG conclusions:;

# **Therapy**

Surgery: no appendectomy; no cholecystectomy; no bladder cystectomy; no Cesarean section;

### Assessment and Plan

1. CAD (coronary artery disease) I25.119 (414.00):

09/28/2016

Coronary Disease-Associated Artery/Lesion type: native artery, Native vs. transplanted heart: native heart, Associated angina: with stable angina

2. HTN (hypertension) I10 (401.9):

09/28/2016, Chronic

Hypertension type: essential hypertension

3. HLD (hyperlipidemia) E78.5 (272.4):

09/28/2016

Hyperlipidemia type: unspecified

4. Hepatitis C B18.2 (070.70):

09/28/2016, Chronic

Viral hepatitis chronicity: chronic, Hepatic coma status: without hepatic coma

### Assessment

New pt here for f/u after recent LHC for chest pain

- 1. CAD: s/p LHC showed distal LAD 90% lesion in small caliber vessel, nonobstructive disease elsewhere, for medical treatment. EF 60% by LV gram. Pt c/o typical chest pain on exertion which has improved with medication. On Aspirin and Plavix. Continue to monitor.
- 2. HTN: Dx by PCP, today BP 119/82, HR 77. on Lisinopril 10 mg and Spironolactone 25 mg. Continue to monitor
- 3. HLD: on Pravastatin 40 mg, target LDL < 70 mg/dl. F/u with PCP.
- 3. Hepatitis C: f/u with PCP
- 4. Liver Ca: Dx 6 weeks ago pending workup.

### Plan

F/u in 4 months

Electronically Signed By CareCloud on behalf of Amir K Kaki MD on 10/11/16 at 08:06 PM EDT Electronically Signed By Amir K Kaki MD on 09/29/16 at 08:34 PM EDT



### Heart & Vascular Institute, PLLC

Performing Provider: Amir Kaki MD

Ronald Miller, 65 yrs Male, DOB: 11/14/1950

Visit Date: 09/28/2016 09:59AM

Visit Location: DETROIT HEART & VASCULAR INST, 4160 JOHN R ST STE 510, DETROIT, MI 48201-2021

Address: 14060 E State Fair St, Detroit, Michigan 48205-1867

Phone (Primary): 313-371-5841

Phone (Secondary): 313-926-9395

NOV: New patient

SSN: XXX-XX-2494

Insurance: MEDICARE B/Medicaid

Intake

Email: n/a

Medications were taken

**Allergies** 

No known active allergies

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Medications

Aspir-Low 81 mg oral delayed release tablet: 1 enteric coated tablet once a day for 30 days

Plavix 75 mg oral tablet: 1 tablet once a day for 30 days

Gabapentin 100 mg oral capsule: 1 capsule 3 times a day for 30 days Spironolactone 25 mg oral tablet: 1 tablet once a day for 30 days Lisinopril 10 mg oral tablet: 1 tablet once a day for 30 days

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day for 30 days

Propranolol Hydrochloride 10 mg oral tablet: 1 tablet 2 times a day for 30 days

Pravastatin Sodium 20 mg oral tablet: 1 tablet once a day for 30 days

**Problems** 

No known active problems

Vital Signs

Date	Pulse	ВР	Resp	Temp	Height	Weight	вмі	Head Cir.
09/28/2016, 10:09 AM	77 beats/minute	119/82 mmHg			6 ft 1 in	186 lbs 2 ozs	24.6	٠

09/28/2016, 10:09 AM:

right arm

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65 yo M with PMH of HTN, HLD, Hepatitis, s/p LHC distal LAD 90% lesion in small caliber vessel, nonobstructive disease elsewhere, for medical treatment. Pt c/o typical chest pain on exertion which has improved with medication. He denied SOB, leg pain, swelling, palpitation or syncope

not feeling fatigued; not tiring easily; no fever; no chills; no recent weight loss; no recent weight gain; chest pain; no palpitations; no leg pain with exercise; no cold hands or feet; no difficulty breathing; no orthopnea; no cough; no

Page 1 of 4

Ronald Miller (#3135134677)

65 yrs Male DOB:11/14/1950 Visit Date: 09/28/2016 09:59AM

CareCloud of

coughing up sputum; no hemoptysis; no wheezing; no dizziness; no fainting; no edema;

# Past Medical History

HTN

HLD

CAD

Hepatitis

Liver Ca

no difficulty breathing; no abdominal pain; no anxiety; **coronary artery disease**; no chest pain; no congestive heart failure; **systemic HTN**; no edema; no pneumonia; no chronic obstructive pulmonary disease; no esophageal reflux; no cholecystitis; no multiple renal cysts; **hyperlipidemia**; no osteopenia; no diabetes mellitus; no fracture; no depression;

### Social History

Has been a smoker for 40 years, smokes a half a pack a day

Behavioral History: tobacco use; smoking;

Alcohol: social drinker;

Drug Use: no drug use;

Habits: good exercise habits;

Sexual History: not sexually active;

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- 1. Heart disease- Parents
- 2. HTN- Parents, grandparents, siblings
- 3. Cancer-parents

no anxiety; no alcohol abuse in family; no substance abuse; **family history of heart disease**; no family history of early deaths; no family history of bleeding problems; no congestive heart failure; **systemic HTN**; no asthma; no chronic obstructive pulmonary disease; no chronic renal failure; no diabetes mellitus; no depression; **cancer**;

### Review of Systems

Ear/Nose/Mouth/Throat no ear symptoms; no nasal symptoms; no throat symptoms; no oral cavity symptoms; no jaw symptoms;

Cardiovascular chest pain; no palpitations; no leg pain with exercise;

**Respiratory** no difficulty breathing; no awakening at night short of breath; no orthopnea; no rapid breathing; no cough; no wheezing;

**Gastrointestinal** normal appetite; no pain on swallowing; no heartburn; no nausea; no vomiting; no bloating; no abdominal signs and symptoms; no change in bowel habit;

Musculoskeletal no musculoskeletal symptoms;

Psychological no psychological symptoms;

**Endocrine** no polydipsia; not feeling dehydrated; no temperature intolerance; no thermal lability; no excessive sweating; no proptosis; no muscle weakness;

Hematologic/Lymphatic no hematologic symptoms;

Page 2 of 4





Allergic/Immunologic no complaint of allergic reaction; no complaint of recurrent infections;

Systemic Symptoms: not tiring easily; no fever; no chills; no recent weight loss; no recent weight gain; normal appetite; no excessive sweating;

**Neurological Symptoms:** no dizziness; no lightheadedness; no fainting; no focal disturbances; no speech disturbance; no motor disturbances; normal walking;

Skin Symptoms: no excessive sweating; no easy bruisability; not itching; no skin lesions; examination of nails normal;

# S Physical Exam

General Appearance: general appearance normal; oriented to time, place, and person;

**Neck Exam:** neck veins not diffusely distended; no tenderness of neck on palpation; no decrease in neck suppleness; thyroid normal; no neck mass; carotid arteries normal;

Eye Exam: EOM normal; pupils normal; external eye normal; sclera normal; retina normal;

Ear Exam: ears normal;

Nose: no nasal discharge; nasal mucosa normal; nasal turbinate normal; no sinus tenderness;

Oral Exam: buccal mucosa moist;

Pharyngeal Exam: pharyngeal exam normal;

Lymph Node Exam: submandibular lymph nodes not enlarged; postauricular lymph nodes not enlarged;

**Lung Exam:** respiratory movements normal; lungs clear to auscultation;

Cardiovascular Exam: jugular vein normal; heart rate and rhythm normal; heart sounds normal; no murmur; apical impulse normal; no carotid artery bruit;

Abdominal Exam: no abdominal distention; bowel sounds normal; no abdominal bruit; abdomen soft; abdomen not firm; no abdominal muscle guarding; no direct abdominal tenderness; no abdominal mass; liver normal to palpation; spleen normal to palpation; no abdominal hernia;

Neurological Exam: oriented; no aphasia or dysphasia; cranial nerves normal; motor exam normal; no Romberg's sign; normal gait and stance; normal reflexes;

**Skin Exam:** no cyanosis; no diaphoresis; no skin lesions; skin normal except as noted;

Examination of Nails: no clubbing of fingernails;

Extremities: no pallor of extremities; skin of extremities not cold; popliteal pulses normal; posterior tibialis pulses normal; no edema;

### **Vital Signs**

Date	Pulse	ВР	Resp	Temp	Height	Weight	вмі	Head Cir.
09/28/2016, 10:09 AM	77 beats/minute	119/82 mmHg			6 ft 1 in	186 lbs 2 ozs	24.6	

09/28/2016, 10:09 AM:

right arm



### **Tests and Procedures**

Laboratory Studies: no ECG conclusions:;

Page 3 of 4

# Tests & Procedures

Laboratory Studies: no ECG conclusions:;

# **Therapy**

Surgery: no appendectomy; no cholecystectomy; no bladder cystectomy; no Cesarean section;

### Assessment and Plan

1. CAD (coronary artery disease) I25.119 (414.00):

09/28/2016

Coronary Disease-Associated Artery/Lesion type: native artery, Native vs. transplanted heart: native heart, Associated angina: with stable angina

2. HTN (hypertension) I10 (401.9):

09/28/2016, Chronic

Hypertension type: essential hypertension

3. HLD (hyperlipidemia) E78.5 (272.4):

09/28/2016

Hyperlipidemia type: unspecified

4. Hepatitis C B18.2 (070.70):

09/28/2016, Chronic

Viral hepatitis chronicity: chronic, Hepatic coma status: without hepatic coma

#### **Assessment**

New pt here for f/u after recent LHC for chest pain

- 1. CAD: s/p LHC showed distal LAD 90% lesion in small caliber vessel, nonobstructive disease elsewhere, for medical treatment. EF 60% by LV gram. Pt c/o typical chest pain on exertion which has improved with medication. On Aspirin and Plavix. Continue to monitor.
- 2. HTN: Dx by PCP, today BP 119/82, HR 77. on Lisinopril 10 mg and Spironolactone 25 mg. Continue to monitor
- 3. HLD: on Pravastatin 40 mg, target LDL < 70 mg/dl. F/u with PCP.
- 3. Hepatitis C: f/u with PCP
- 4. Liver Ca: Dx 6 weeks ago pending workup.

#### Plan

F/u in 4 months

Electronically Signed By Amir K Kaki MD on 09/29/16 at 08:34 PM EDT

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### Heart & Vascular Institute, PLLC

Performing Provider: Amir Kaki MD

Ronald Miller, 66 yrs Male, DOB: 11/14/1950

Visit Date: 01/24/2017 09:00AM

Visit Location: DETROIT HEART & VASCULAR INST, 4160 JOHN R ST STE 510, DETROIT, MI 48201-2021

Address: 14060 E State Fair St, Detroit, Michigan 48205-1867

Phone (Primary): 313-371-5841

Phone (Secondary): 313-926-9395

Email: n/a

NOV: Established

SSN: XXX-XX-2494

Insurance: Medicare HMO

# Chief Complaint

Typical chest pain, SOB

### Intake

Medications were taken

#### **Allergies**

No known active allergies

#### Medications

Combivent Respirat CFC free 100 mcg-20 mcg/inh inhalation aerosol: 2 puff(s) as needed for 30 days

Aspir-Low 81 mg oral delayed release tablet: 1 enteric coated tablet once a day for 30 days Qvar with Dose Counter 80 mcg/inh inhalation aerosol: 2 puff(s) as needed for 30 days

Nitroglycerin 0.4 mg sublingual tablet: 1 as needed for 30 days PredniSONE 10 mg oral tablet: 1 tablet once a day for 30 days

Plavix 75 mg oral tablet: 1 tablet once a day for 30 days

Azithromycin 250 mg oral tablet: 1 tablet once every other day for 30 days

Famotidine 20 mg oral tablet: 1 tablet once a day for 30 days Gabapentin 400 mg oral capsule: 1 capsule 3 times a day for 30 days

Spironolactone 25 mg oral tablet: 1 tablet once a day for 30 days

Lisinopril 20 mg oral tablet: 1 tablet once a day for 30 days

Isosorbide Mononitrate Extended Release 30 mg oral tablet, extended release: 1 extended release tablet once a

day for 30 days

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Pravastatin Sodium 20 mg oral tablet: 1 tablet once a day for 30 days

Oxymorphone Hydrochloride ER 40 mg oral tablet, extended release: 1 extended release tablet once a day for 30

days

HydrOXYzine Hydrochloride hydrochloride 25 mg oral tablet: 1 tablet once a day for 30 days

### **Problems**

No known active problems

Vital Signs

Page 1 of 5

Ronald Miller (#3135134677)

66 yrs Male DOB:11/14/1950 Visit Date: 01/24/2017 09:00AM

CareCloud C

Date	Pulse	BP	Resp	Temp	Height	Weight	вмі	Head Cir.
01/24/2017, 08:50 AM	64 beats/minute	149/89 mmHg			6 ft 1 in	186 lbs	24.5	

# History of Present Illness

66 yo M with PMH of HTN, HLD, Hepatitis, Liver Ca, s/p LHC distal LAD 90% lesion in small caliber vessel, nonobstructive disease elsewhere, for medical treatment(09/16). Pt c/o typical chest pain on exertion, substernal, relieves with nitro as well as SOB. He denied leg pain, swelling, palpitation or syncope.

not feeling fatigued; not tiring easily; no fever; no chills; no recent weight loss; no recent weight gain; **chest pain**; no palpitations; no leg pain with exercise; no cold hands or feet; **difficulty breathing**; no orthopnea; no cough; no coughing up sputum; no hemoptysis; no wheezing; no dizziness; no fainting; no edema;

# Past Medical History

HTN

HLD

CAD

Hepatitis

Liver Ca

no difficulty breathing; no abdominal pain; no anxiety; **coronary artery disease**; no chest pain; no congestive heart failure; **systemic HTN**; no edema; no pneumonia; no chronic obstructive pulmonary disease; no esophageal reflux; no cholecystitis; no multiple renal cysts; **hyperlipidemia**; no osteopenia; no diabetes mellitus; no fracture; no depression;

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Alcohol: social drinker; Drug Use: no drug use;

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Sexual History: not sexually active;

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- 2. HTN- Parents, grandparents, siblings
- 3. Cancer-parents

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# Review of Systems

Page 2 of 5

**Ronald Miller** (#3135134677) 66 yrs Male DOB:11/14/1950 Visit Date: 01/24/2017 09:00AM



Case 2:16-cr-20222-AJT-RSW ECF No. 374-5, PageID.2147 Filed 03/30/20 Page 12 of 32 0 17

Ear/Nose/Mouth/Throat no ear symptoms; no nasal symptoms; no throat symptoms; no oral cavity symptoms; no jaw symptoms;

Cardiovascular chest pain; no palpitations; no leg pain with exercise;

Respiratory difficulty breathing; no awakening at night short of breath; no orthopnea; no rapid breathing; no cough; no wheezing;

Gastrointestinal normal appetite; no pain on swallowing; no heartburn; no nausea; no vomiting; no bloating; no abdominal signs and symptoms; no change in bowel habit;

Musculoskeletal no musculoskeletal symptoms;

Psychological no psychological symptoms;

Endocrine no polydipsia; not feeling dehydrated; no temperature intolerance; no thermal lability; no excessive sweating; no proptosis; no muscle weakness;

Hematologic/Lymphatic no hematologic symptoms;

**Allergic/Immunologic** no complaint of allergic reaction; no complaint of recurrent infections:

Systemic Symptoms: not tiring easily; no fever; no chills; no recent weight loss; no recent weight gain; normal appetite; no excessive sweating;

Neurological Symptoms: no dizziness; no lightheadedness; no fainting; no focal disturbances; no speech disturbance; no motor disturbances; normal walking;

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# S Physical Exam

General Appearance: general appearance normal; oriented to time, place, and person;

**Neck Exam:** neck veins not diffusely distended; no tenderness of neck on palpation; no decrease in neck suppleness; thyroid normal; no neck mass; carotid arteries normal;

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Ear Exam: ears normal;

Nose: no nasal discharge; nasal mucosa normal; nasal turbinate normal; no sinus tenderness;

Oral Exam: buccal mucosa moist:

Pharyngeal Exam: pharyngeal exam normal;

Lymph Node Exam: submandibular lymph nodes not enlarged; postauricular lymph nodes not enlarged;

Lung Exam: respiratory movements normal; lungs clear to auscultation;

Cardiovascular Exam: jugular vein normal; heart rate and rhythm normal; heart sounds normal; no murmur; apical impulse normal; no carotid artery bruit;

Abdominal Exam: no abdominal distention; bowel sounds normal; no abdominal bruit; abdomen soft; abdomen not firm; no abdominal muscle guarding; no direct abdominal tenderness; no abdominal mass; liver normal to palpation; spleen normal to palpation; no abdominal hernia;

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Skin Exam: no cyanosis; no diaphoresis; no skin lesions; skin normal except as noted;

**Examination of Nails:** no clubbing of fingernails;

Extremities: no pallor of extremities; skin of extremities not cold; popliteal pulses normal; posterior tibialis pulses normal; no edema;

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Ronald Miller (#3135134677) 66 yrs Male DOB:11/14/1950 Visit Date: 01/24/2017 09:00AM



- 2. HTN: Dx by PCP, today BP 149/89 mmHg, HR 64 bpm. Took meds today. On Lisinopril 10 mg and Spironolactone 25 mg. Advised low salt and low fat diet. Continue to monitor
- 3. HLD: on Pravastatin 40 mg, target LDL < 70 mg/dl. F/u with PCP.
- 3. Hepatitis C: f/u with PCP
- 4. Liver Ca: Dx 4 months ago. f/u with oncologist.

#### Plan

- 1.Letter about current condition
- 2.F/u in 4 months

Electronically Signed By Amir K Kaki MD on 01/24/17 at 09:22 AM EST



### Heart & Vascular Institute, PLLC

Performing Provider: Amir Kaki MD

Ronald Miller, 66 yrs Male, DOB: 11/14/1950

Visit Date: 05/16/2017 09:00AM

Visit Location: DETROIT HEART & VASCULAR INST, 4160 JOHN R ST STE 510, DETROIT, MI 48201-2021

Address: 14060 E State Fair St, Detroit, Michigan 48205-1867

Phone (Primary): 313-371-5841

Phone (Secondary): 313-926-9395

NOV: Established

SSN: XXX-XX-2494

Insurance: Medicare HMO/Medicaid HMO

Email: n/a

### Chief Complaint

chest pain SOB leg swelling leg pain dizziness

## Intake

Medications were taken

#### **Allergies**

No known active allergies

#### Medications

Combivent Respirat CFC free 100 mcg-20 mcg/inh inhalation aerosol: 2 puff(s) as needed for 30 days

**Aspir-Low 81 mg oral delayed release tablet:** 1 enteric coated tablet once a day for 30 days **Qvar with Dose Counter 80 mcg/inh inhalation aerosol:** 2 puff(s) as needed for 30 days **Lisinopril 40 mg oral tablet:** 1 tablet once a day for 30 days, Prescribed Date: 05/16/2017

Nitroglycerin 0.4 mg sublingual tablet: 1 as needed for 30 days PredniSONE 10 mg oral tablet: 1 tablet once a day for 30 days Isosorbide Dinitrate 20 mg oral tablet: 1 tablet once a day for 30 days

Plavix 75 mg oral tablet: 1 tablet once a day for 30 days

Azithromycin 250 mg oral tablet: 1 tablet once every other day for 30 days

Famotidine 20 mg oral tablet: 1 tablet once a day for 30 days

Gabapentin 400 mg oral capsule: 1 capsule 3 times a day for 30 days

Hydrochlorothiazide 25 mg oral tablet: 1 tablet once a day for 30 days, Prescribed Date: 05/16/2017

Spironolactone 25 mg oral tablet: 1 tablet once a day for 30 days

Isosorbide Mononitrate Extended Release 30 mg oral tablet, extended release: 1 extended release tablet once a

day for 30 days

**TraZODone Hydrochloride 50 mg oral tablet:** 1 tablet once a day for 7 days **Propranolol Hydrochloride 80 mg oral tablet:** 1 tablet 2 times a day for 30 days

Pravastatin Sodium 20 mg oral tablet: 1 tablet once a day for 30 days

Oxymorphone Hydrochloride ER 40 mg oral tablet, extended release: 1 extended release tablet once a day for 30

days

HydrOXYzine Hydrochloride hydrochloride 25 mg oral tablet: 1 tablet once a day for 30 days

Page 1 of 5

Ronald Miller (#3135134677)

66 yrs Male DOB:11/14/1950 Visit Date: 05/16/2017 09:00AM

CareCloud

#### **Problems**

No known active problems

### Vital Signs

Date	Pulse	SpO2	BP Resp	Temp	Height	Weight	Pain	вмі	Head Cir.
05/16/2017, 08:51 AM	67 beats/minute	–	2/110 mHg		6 ft 1 in	196 lbs 8 ozs		25.9	

#### 05/16/2017, 08:51 AM:

left arm 1st 175/121 67 hr left arm 2nd big cuff 172/110 62 hr

### History of Present Illness

66 yo M with PMH of HTN, HLD, Hepatitis, Liver Ca, CAD s/p LHC distal LAD 90% lesion in small caliber vessel, nonobstructive disease elsewhere, for medical treatment(09/16). Pt c/o typical chest pain on exertion, substernal, relieves with nitro as well as SOB. He c/o leg pain and leg swelling, He also c/o occasional dizziness, with multiple episodes of near syncope. Pt denies palpitations, LOC, and numbness/tingling.

not feeling fatigued; not tiring easily; no fever; no chills; no recent weight loss; no recent weight gain; chest pain; no palpitations; leg pain with exercise; no cold hands or feet; difficulty breathing; no orthopnea, no cough; no coughing up sputum; no hemoptysis; no wheezing; dizziness; no fainting; edema;

# Past Medical History

HTN

HLD

CAD

Hepatitis

Liver Ca

no difficulty breathing; no abdominal pain; no anxiety; coronary artery disease; no chest pain; no congestive heart failure; systemic HTN; no edema; no pneumonia; no chronic obstructive pulmonary disease; no esophageal reflux; no cholecystitis; no multiple renal cysts; hyperlipidemia; no osteopenia; no diabetes mellitus; no fracture; no depression;

# Social History

Has been a smoker for 40 years, smokes a half a pack a day

Behavioral History: tobacco use; smoking;

Alcohol: social drinker; Drug Use: no drug use; Habits: good exercise habits;

Sexual History: not sexually active;

# Family History

- 1. Heart disease- Parents
- 2. HTN- Parents, grandparents, siblings
- 3. Cancer-parents

no anxiety; no alcohol abuse in family; no substance abuse; family history of heart disease; no family history of early deaths; no family history of bleeding problems; no congestive heart failure; systemic HTN; no asthma; no chronic obstructive pulmonary disease; no chronic renal failure; no diabetes mellitus; no depression; cancer;

# Review of Systems

Ear/Nose/Mouth/Throat no ear symptoms; no nasal symptoms; no throat symptoms; no oral cavity symptoms; no jaw symptoms;

Cardiovascular chest pain; no palpitations; leg pain with exercise;

Respiratory difficulty breathing; no awakening at night short of breath; no orthopnea; no rapid breathing; no cough; no wheezing;

Gastrointestinal normal appetite; no pain on swallowing; no heartburn; no nausea; no vomiting; no bloating; no abdominal signs and symptoms; no change in bowel habit;

Musculoskeletal no musculoskeletal symptoms; nonspecific musculoskeletal pain, swelling, and stiffness;

Psychological no psychological symptoms;

Endocrine no polydipsia; not feeling dehydrated; no temperature intolerance; no thermal lability; no excessive sweating; no proptosis; no muscle weakness;

Hematologic/Lymphatic no hematologic symptoms;

**Allergic/Immunologic** no complaint of allergic reaction; no complaint of recurrent infections;

Systemic Symptoms: not tiring easily; no fever; no chills; no recent weight loss; no recent weight gain; normal appetite; no excessive sweating;

Neurological Symptoms: dizziness; lightheadedness; no fainting; no focal disturbances; no speech disturbance; no motor disturbances; normal walking;

Skin Symptoms: no excessive sweating; no easy bruisability; not itching; no skin lesions; examination of nails normal;

# S Physical Exam

General Appearance: general appearance normal; oriented to time, place, and person;

**Neck Exam:** neck veins not diffusely distended; no tenderness of neck on palpation; no decrease in neck suppleness; thyroid normal; no neck mass; carotid arteries normal;

Eye Exam: EOM normal; pupils normal; external eye normal; sclera normal; retina normal;

Ear Exam: ears normal;

Nose: no nasal discharge; nasal mucosa normal; nasal turbinate normal; no sinus tenderness;

Oral Exam: buccal mucosa moist;

Pharyngeal Exam: pharyngeal exam normal;

**Lymph Node Exam:** submandibular lymph nodes not enlarged; postauricular lymph nodes not enlarged;

**Lung Exam:** respiratory movements normal; lungs clear to auscultation;

Cardiovascular Exam: jugular vein normal; heart rate and rhythm normal; heart sounds normal; no murmur; apical impulse normal; no carotid artery bruit;

Abdominal Exam: no abdominal distention; bowel sounds normal; no abdominal bruit; abdomen soft; abdomen not

Page 3 of 5





firm; no abdominal muscle guarding; no direct abdominal tenderness; no abdominal mass; liver normal to palpation; spleen normal to palpation; no abdominal hernia;

**Neurological Exam:** oriented; no aphasia or dysphasia; cranial nerves normal; motor exam normal; no Romberg's sign; normal gait and stance; normal reflexes;

Skin Exam: no cyanosis; no diaphoresis; no skin lesions; skin normal except as noted;

Examination of Nails: no clubbing of fingernails;

Extremities: no pallor of extremities; skin of extremities not cold; popliteal pulses normal; posterior tibialis pulses

normal; edema;

**Vital Signs** 

Date	Pulse	SpO2	BP	Resp	Temp	Height	Weight	Pain	ВМІ	Head Cir.
05/16/2017,	67		172/110			6 ft	196 lbs		25.9	The second secon
08:51 AM	beats/minute	•	mmHg			1 in	8 ozs		25.9	

### 05/16/2017, 08:51 AM:

left arm 1st 175/121 67 hr left arm 2nd big cuff 172/110 62 hr



Laboratory Studies: no ECG conclusions:;

# Tests & Procedures

Laboratory Studies: no ECG conclusions:;

# Therapy

Surgery: no appendectomy; no cholecystectomy; no bladder cystectomy; no Cesarean section;

# Assessment and Plan



1. CAD (coronary artery disease) I25.119 (414.00):

09/28/2016

Coronary Disease-Associated Artery/Lesion type: native artery, Native vs. transplanted heart: native heart, Associated angina: with stable angina

2. HTN (hypertension) I10 (401.9):

09/28/2016, Chronic

Hypertension type: essential hypertension

3. HLD (hyperlipidemia) E78.5 (272.4):

09/28/2016

Hyperlipidemia type: unspecified

4. Hepatitis C B18.2 (070.70):

Page 4 of 5

Ronald Miller (#3135134677)

66 yrs Male DOB:11/14/1950 Visit Date: 05/16/2017 09:00AM



09/28/2016, Chronic

Viral hepatitis chronicity: chronic, Hepatic coma status: without hepatic coma

5. Liver cancer C22.9 (155.2):

01/24/2017

Liver malignancy type: unspecified liver malignancy

### **Assessment**

- 1. Stable CAD: s/p LHC (09/16) showed distal LAD 90% lesion in small caliber vessel, nonobstructive disease elsewhere, for medical treatment. EF 60% by LV gram. Pt c/o typical anginal chest pain on exertion, substernal, relieves with nitro. On Aspirin 81mg, Plavix 75mg, Imdur 30 mg. Multiple risk factors including HTN, HLD, Family Hx and smoking. Continue to monitor.
- 2. SOB: NYHA III: Pt c/o of SOB on walking <2 blocks. Recommend echo to assess LV, function, size, and to adjust meds.
- 3. HTN: Dx by PCP, today BP 172/110 mmHg, HR 62 bpm. Took meds today. On Lisinopril 10 mm, Propranolol 80 mg, Spironolactone 25 mg. Increased Lisinopril 40 mg and add HCTZ 25 mg. Advised low salt and low fat diet. Continue to monitor.
- 4. Leg swelling: Pt c/o occasional leg swelling b/l. Recommend compression stockings and leg elevation above the chest. Recommend venous insufficiency u/s to assess for venous insufficiency.
- 5. Leg pain: Rutherfor cat class II. Pt c/o of leg pain b/l and has a history of smoking for 50 yrs. Recommend ABI to assess arterial patency.
- 6. Dizziness: Pt c/o of occasional dizziness, with multiple episodes of near syncope. Carotid u/s to assess for CAS.
- 7. HLD: on Pravastatin 40 mg, target LDL < 70 mg/dl. F/u with PCP.
- 8. Hepatitis C: f/u with PCP
- 9. Liver Ca: Dx 4 months ago. f/u with oncologist.
- 7. Smoking- Pt has been smoking for 50 yrs, 1/2 PPD. Pt was counseled to quit smoking. He said he will think it over and we will discuss on next visit.

### Plan

- 1. Echo
- 2. Venous insufficiency u/s
- 3. ABI
- 4. Carotid u/s
- 5. Compression stockings
- 6. Increase lisinopril 40 mg, Add HCTZ 25 mg.
- 7. F/u after testing.

Electronically Signed By Amir K Kaki MD on 05/18/17 at 09:07 AM EDT

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### Heart & Vascular Institute, PLLC

Performing Provider: Amir Kaki MD

Ronald Miller, 66 yrs Male, DOB: 11/14/1950

Visit Date: 06/26/2017 09:00AM

Visit Location: DETROIT HEART & VASCULAR INST, 4160 JOHN R ST STE 510, DETROIT, MI 48201-2021

NOV: Established

Address: 14060 E State Fair St, Detroit, Michigan 48205-1867

**Phone (Primary)**: 313-371-5841

Phone (Secondary): 313-926-9395

Email: n/a

SSN: XXX-XX-2494

Insurance: Medicare HMO/Medicaid HMO

### Chief Complaint

Slight chest pain Slight SOB while walking Sometimes Dizziness leg swelling

### □ Intake

Medications were taken Medications were reviewed with patient

### **Allergies**

No known active allergies

### Medications

Combivent Respirat CFC free 100 mcg-20 mcg/inh inhalation aerosol: 2 puff(s) as needed for 30 days

Aspir-Low 81 mg oral delayed release tablet: 1 enteric coated tablet once a day for 30 days Qvar with Dose Counter 80 mcg/inh inhalation aerosol: 2 puff(s) as needed for 30 days Lisinopril 40 mg oral tablet: 1 tablet once a day for 30 days, Prescribed Date: 05/16/2017

Nitroglycerin 0.4 mg sublingual tablet: 1 as needed for 30 days PredniSONE 10 mg oral tablet: 1 tablet once a day for 30 days Isosorbide Dinitrate 20 mg oral tablet: 1 tablet once a day for 30 days

Plavix 75 mg oral tablet: 1 tablet once a day for 30 days Famotidine 20 mg oral tablet: 1 tablet once a day for 30 days

Gabapentin 400 mg oral capsule: 1 capsule 3 times a day for 30 days

Hydrochlorothiazide 25 mg oral tablet: 1 tablet once a day for 30 days, Prescribed Date: 05/16/2017

Spironolactone 25 mg oral tablet: 1 tablet once a day for 30 days

Isosorbide Mononitrate Extended Release 30 mg oral tablet, extended release: 1 extended release tablet once a

day for 30 days

Propranolol Hydrochloride 20 mg oral tablet: 1 once a day

Propranolol Hydrochloride 80 mg oral tablet: 1 tablet 2 times a day for 30 days

Pravastatin Sodium 20 mg oral tablet: 1 tablet once a day for 30 days

Oxymorphone Hydrochloride ER 40 mg oral tablet, extended release: 1 extended release tablet once a day for 30

davs

HydrOXYzine Hydrochloride hydrochloride 25 mg oral tablet: 1 tablet once a day for 30 days

#### **Problems**

No known active problems

Page 1 of 5

**Ronald Miller** (#3135134677) 66 yrs Male DOB:11/14/1950 Visit Date: 06/26/2017 09:00AM



### Vital Signs

Date	Pulse	SpO2	ВР	Resp	Temp	Height	Weight	Pain	вмі	Head Cir.
06/26/2017, 09:03 AM	56 beats/minute		141/86 mmHg			6 ft 1 in	190 lbs		25.1	

# History of Present Illness

66 yo M with PMH of HTN, HLD, Hepatitis, Liver Ca, CAD s/p LHC distal LAD 90% lesion in small caliber vessel, nonobstructive disease elsewhere, for medical treatment(09/16). Pt c/o typical chest pain on exertion, substernal, relieves with nitro. Pt also c/o SOB on walking. He c/o leg swelling, He also c/o occasional dizziness, with multiple episodes of near syncope. Pt denies palpitations, LOC, and numbness/tingling.

not feeling fatigued; not tiring easily; no fever; no chills; no recent weight loss; no recent weight gain; **chest pain**; no palpitations; no leg pain with exercise; no cold hands or feet; **difficulty breathing**; no orthopnea; no cough; no coughing up sputum; no hemoptysis; no wheezing; **dizziness**; no fainting; **edema**;

# Past Medical History

HTN

HLD

CAD

Hepatitis

Liver Ca

no difficulty breathing; no abdominal pain; no anxiety; **coronary artery disease**; no chest pain; no congestive heart failure; **systemic HTN**; no edema; no pneumonia; no chronic obstructive pulmonary disease; no esophageal reflux; no cholecystitis; no multiple renal cysts; **hyperlipidemia**; no osteopenia; no diabetes mellitus; no fracture; no depression;

### Social History

Has been a smoker for 40 years, smokes a half a pack a day

Behavioral History: tobacco use; smoking;

Alcohol: social drinker; Drug Use: no drug use;

Habits: good exercise habits;

Sexual History: not sexually active;

### Family History

- 1. Heart disease- Parents
- 2. HTN- Parents, grandparents, siblings
- 3. Cancer- parents

no anxiety; no alcohol abuse in family; no substance abuse; **family history of heart disease**; no family history of early deaths; no family history of bleeding problems; no congestive heart failure; **systemic HTN**; no asthma; no chronic obstructive pulmonary disease; no chronic renal failure; no diabetes mellitus; no depression; **cancer**;

Page 2 of 5

# Review of Systems

Ear/Nose/Mouth/Throat no ear symptoms; no nasal symptoms; no throat symptoms; no oral cavity symptoms; no jaw symptoms;

Cardiovascular chest pain; no palpitations; no leg pain with exercise;

Respiratory difficulty breathing; no awakening at night short of breath; no orthopnea; no rapid breathing; no cough; no wheezing:

Gastrointestinal normal appetite; no pain on swallowing; no heartburn; no nausea; no vomiting; no bloating; no abdominal signs and symptoms; no change in bowel habit;

Musculoskeletal no musculoskeletal symptoms; nonspecific musculoskeletal pain, swelling, and stiffness;

Psychological no psychological symptoms;

Endocrine no polydipsia; not feeling dehydrated; no temperature intolerance; no thermal lability; no excessive sweating; no proptosis; no muscle weakness;

Hematologic/Lymphatic no hematologic symptoms;

Allergic/Immunologic no complaint of allergic reaction; no complaint of recurrent infections;

Systemic Symptoms: not tiring easily; no fever; no chills; no recent weight loss; no recent weight gain; normal appetite; no excessive sweating:

Neurological Symptoms: dizziness; lightheadedness; no fainting; no focal disturbances; no speech disturbance; no motor disturbances; normal walking;

Skin Symptoms: no excessive sweating; no easy bruisability; not itching; no skin lesions; examination of nails normal;



# S Physical Exam

General Appearance: general appearance normal; oriented to time, place, and person;

Neck Exam: neck veins not diffusely distended; no tenderness of neck on palpation; no decrease in neck suppleness; thyroid normal; no neck mass; carotid arteries normal;

Eye Exam: EOM normal; pupils normal; external eye normal; sclera normal; retina normal;

Ear Exam: ears normal;

Nose: no nasal discharge; nasal mucosa normal; nasal turbinate normal; no sinus tenderness;

Oral Exam: buccal mucosa moist:

Pharyngeal Exam: pharyngeal exam normal;

**Lymph Node Exam:** submandibular lymph nodes not enlarged; postauricular lymph nodes not enlarged;

Lung Exam: respiratory movements normal; lungs clear to auscultation;

Cardiovascular Exam: jugular vein normal; heart rate and rhythm normal; heart sounds normal; no murmur; apical impulse normal; no carotid artery bruit;

Abdominal Exam: no abdominal distention; bowel sounds normal; no abdominal bruit; abdomen soft; abdomen not firm; no abdominal muscle guarding; no direct abdominal tenderness; no abdominal mass; liver normal to palpation; spleen normal to palpation; no abdominal hernia;

Neurological Exam: oriented; no aphasia or dysphasia; cranial nerves normal; motor exam normal; no Romberg's sign; normal gait and stance; normal reflexes;

Skin Exam: no cyanosis; no diaphoresis; no skin lesions; skin normal except as noted;

Examination of Nails: no clubbing of fingernails;

Extremities: no pallor of extremities; skin of extremities not cold; popliteal pulses normal; posterior tibialis pulses

Page 3 of 5

Ronald Miller (#3135134677) 66 yrs Male DOB:11/14/1950 Visit Date: 06/26/2017 09:00AM

CareCloud

normal; edema;

### Vital Signs

Date	Pulse	SpO2	ВР	Resp	Temp	Height	Weight	Pain	ВМІ	Head Cir.
06/26/2017, 09:03 AM	56 beats/minute		141/86 mmHg			6 ft 1 in	190 lbs	The season of th	25.1	

# Tests and Procedures

Laboratory Studies: no ECG conclusions:;

# Tests & Procedures

Laboratory Studies: no ECG conclusions:;

# Therapy

Surgery: no appendectomy; no cholecystectomy; no bladder cystectomy; no Cesarean section;

### Assessment and Plan

1. CAD (coronary artery disease) I25.119 (414.00):

09/28/2016

Coronary Disease-Associated Artery/Lesion type: native artery, Native vs. transplanted heart: native heart, Associated angina: with stable angina

2. HTN (hypertension) I10 (401.9):

09/28/2016, Chronic

Hypertension type: essential hypertension

3. HLD (hyperlipidemia) E78.5 (272.4):

09/28/2016

Hyperlipidemia type: unspecified

+ 4. Hepatitis C B18.2 (070.70):

09/28/2016, Chronic

Viral hepatitis chronicity: chronic, Hepatic coma status: without hepatic coma

↓ 5. Liver cancer C22.9 (155.2):

01/24/2017

Liver malignancy type: unspecified liver malignancy

6. Dizziness R42 (780.4):

06/26/2017

7. Leg swelling M79.89 (729.81):

06/26/2017

Page 4 of 5

- 8. SOB (shortness of breath) R06.02 (786.05): 06/26/2017
- 9. Encounter for smoking cessation counseling Z71.6 (V65.42): 06/26/2017

#### Assessment

- 1. Stable CAD: s/p LHC (09/16) showed distal LAD 90% lesion in small caliber vessel, nonobstructive disease elsewhere, for medical treatment. EF 60% by LV gram. Pt c/o typical anginal chest pain on exertion, substernal, relieves with nitro. On Aspirin 81mg, Plavix 75mg, Imdur 30 mg. Multiple risk factors including HTN, HLD, Family Hx and smoking. Continue to monitor.
- 2. SOB: NYHA III: EF 50- 55 % (06/17). Pt c/o of SOB on walking <1 blocks. continue to monitor
- 3. HTN: Dx by PCP, today BP 141/86 mmHg, HR 56 bpm. Took meds today. On Lisinopril 40 mm, Propranolol 80 mg, Spironolactone 25 mg, HCTZ 25 mg. Advised low salt and low fat diet. Continue to monitor.
- 4. Venous Insufficiency: venous insufficiency in GSV and SSV b/l, chronic DVT in R CFV, femoral and posterior tibial veins(06/17). Pt c/o occasional leg swelling b/l. Recommend compression stockings and leg elevation above the chest.
- 5. Leg pain: Rutherford cat class II. Pt denies leg pain b/l and has a history of smoking for 50 yrs. continue monitor
- 6. Dizziness: Carotid u/s < 30% stenosis (06/17). Pt c/o of occasional dizziness, with multiple episodes of near syncope. continue monitor.
- 7. HLD: on Pravastatin 40 mg, target LDL < 70 mg/dl. F/u with PCP.
- 8. Hepatitis C: f/u with PCP
- 9. Liver Ca: Dx 4 months ago. f/u with oncologist.
- 7. Smoking- Pt has been smoking for 50 yrs, 1/2 PPD. Pt was counseled to quit smoking. recommend Chantix.

#### Plan

chantix

F/u in 3 months

Electronically Signed By Amir K Kaki MD on 06/26/17 at 01:19 PM EDT

#### **Problems**

No known active problems

#### Vital Signs

No Vital Signs captured during this encounter

### History of Present Illness

66 yo M with PMH of HTN, HLD, Hepatitis, Liver Ca, CAD s/p LHC distal LAD 90% lesion in small caliber vessel, nonobstructive disease elsewhere, for medical treatment(09/16). Pt c/o typical chest pain on exertion, substernal, relieves with nitro. Pt also c/o SOB on walking. He c/o leg swelling, He also c/o occasional dizziness with palpitations. Pt denies LOC, and numbness/tingling.

not feeling fatigued; not tiring easily; no fever; no chills; no recent weight loss; no recent weight gain; **chest pain**; **palpitations**; no leg pain with exercise; no cold hands or feet; **difficulty breathing**; no orthopnea; no cough; no coughing up sputum; no hemoptysis; no wheezing; **dizziness**; no fainting; **edema**;

# Past Medical History

HTN

HLD

CAD

Hepatitis

Liver Ca

no difficulty breathing; no abdominal pain; no anxiety; **coronary artery disease**; no chest pain; no congestive heart failure; **systemic HTN**; no edema; no pneumonia; no chronic obstructive pulmonary disease; no esophageal reflux; no cholecystitis; no multiple renal cysts; **hyperlipidemia**; no osteopenia; no diabetes mellitus; no fracture; no depression;

### Social History

Has been a smoker for 40 years, smokes 4-7 cigarettes per day

Behavioral History: tobacco use; smoking;

Alcohol: social drinker; Drug Use: no drug use;

Habits: good exercise habits;

Sexual History: not sexually active;

## Family History

- 1. Heart disease- Parents
- 2. HTN- Parents, grandparents, siblings
- 3. Cancer- parents

no anxiety; no alcohol abuse in family; no substance abuse; **family history of heart disease**; no family history of early deaths; no family history of bleeding problems; no congestive heart failure; **systemic HTN**; no asthma; no chronic obstructive pulmonary disease; no chronic renal failure; no diabetes mellitus; no depression; **cancer**;

# Review of Systems

Page 2 of 5

Ear/Nose/Mouth/Throat no ear symptoms; no nasal symptoms; no throat symptoms; no oral cavity symptoms; no jaw symptoms;

Cardiovascular chest pain; no palpitations; no leg pain with exercise;

Respiratory difficulty breathing; no awakening at night short of breath; no orthopnea; no rapid breathing; no cough; no wheezing;

Gastrointestinal normal appetite; no pain on swallowing; no heartburn; no nausea; no vomiting; no bloating; no abdominal signs and symptoms; no change in bowel habit;

Musculoskeletal no musculoskeletal symptoms; nonspecific musculoskeletal pain, swelling, and stiffness;

Psychological no psychological symptoms;

Endocrine no polydipsia; not feeling dehydrated; no temperature intolerance; no thermal lability; no excessive sweating; no proptosis; no muscle weakness;

Hematologic/Lymphatic no hematologic symptoms:

Allergic/Immunologic no complaint of allergic reaction; no complaint of recurrent infections;

Systemic Symptoms: not tiring easily; no fever; no chills; no recent weight loss; no recent weight gain; normal appetite; no excessive sweating;

Neurological Symptoms: dizziness; lightheadedness; no fainting; no focal disturbances; no speech disturbance; no motor disturbances; normal walking;

Skin Symptoms: no excessive sweating; no easy bruisability; not itching; no skin lesions; examination of nails normal;



# S Physical Exam

General Appearance: general appearance normal; oriented to time, place, and person;

Neck Exam: neck veins not diffusely distended; no tenderness of neck on palpation; no decrease in neck suppleness; thyroid normal; no neck mass; carotid arteries normal;

Eye Exam: EOM normal; pupils normal; external eye normal; sclera normal; retina normal;

Ear Exam: ears normal;

Nose: no nasal discharge; nasal mucosa normal; nasal turbinate normal; no sinus tenderness;

Oral Exam: buccal mucosa moist;

Pharyngeal Exam: pharyngeal exam normal;

Lymph Node Exam: submandibular lymph nodes not enlarged; postauricular lymph nodes not enlarged;

Lung Exam: respiratory movements normal; lungs clear to auscultation;

Cardiovascular Exam: jugular vein normal; heart rate and rhythm normal; heart sounds normal; no murmur; apical impulse normal; no carotid artery bruit;

Abdominal Exam: no abdominal distention; bowel sounds normal; no abdominal bruit; abdomen soft; abdomen not firm; no abdominal muscle guarding; no direct abdominal tenderness; no abdominal mass; liver normal to palpation; spleen normal to palpation; no abdominal hernia;

Neurological Exam: oriented; no aphasia or dysphasia; cranial nerves normal; motor exam normal; no Romberg's sign; normal gait and stance; normal reflexes;

Skin Exam: no cyanosis; no diaphoresis; no skin lesions; skin normal except as noted;

Examination of Nails: no clubbing of fingernails:

Extremities: no pallor of extremities; skin of extremities not cold; popliteal pulses normal; posterior tibialis pulses normal; edema;

Page 3 of 5





### Vital Signs

No Vital Signs captured during this encounter

# Tests and Procedures

Laboratory Studies: no ECG conclusions:;

# Tests & Procedures

Laboratory Studies: no ECG conclusions:;

# Therapy

Surgery: no appendectomy; no cholecystectomy; no bladder cystectomy; no Cesarean section;

### Assessment and Plan

1. CAD (coronary artery disease) I25.119 (414.00): 09/28/2016

Coronary Disease-Associated Artery/Lesion type: native artery, Native vs. transplanted heart: native heart, Associated angina: with stable angina

2. HTN (hypertension) I10 (401.9):

09/28/2016, Chronic

Hypertension type: essential hypertension.

3. HLD (hyperlipidemia) E78.5 (272.4):

09/28/2016

Hyperlipidemia type: unspecified

4. Hepatitis C B18.2 (070.70):

09/28/2016, Chronic

Viral hepatitis chronicity: chronic, Hepatic coma status: without hepatic coma

5. Liver cancer C22.9 (155.2):

01/24/2017

Liver malignancy type: unspecified liver malignancy

6. Dizziness R42 (780.4):

06/26/2017

7 Leg swelling M79.89 (729.81):

06/26/2017

8. SOB (shortness of breath) R06.02 (786.05):

06/26/2017

9. Encounter for smoking cessation counseling Z71.6 (V65.42):

06/26/2017

Page 4 of 5

#### Assessment

- 1. Stable CAD: s/p LHC (09/16) showed distal LAD 90% lesion in small caliber vessel, nonobstructive disease elsewhere, for medical treatment. EF 60% by LV gram. Pt c/o occasional typical anginal chest pain on exertion, substernal, relieves with nitro. On Aspirin 81mg, Plavix 75mg, Imdur 30 mg. Multiple risk factors including HTN, HLD, Family Hx and smoking. Continue to monitor.
- 2. SOB: NYHA III: EF 50- 55 % (06/17). Pt c/o of SOB on walking <1 blocks. continue to monitor
- 3. HTN: Dx by PCP, today BP 186/109 mmHg, HR 60 bpm. Took meds today. On Lisinopril 40 mm, Propranolol 80 mg, Spironolactone 25 mg, HCTZ 25 mg. Advised low salt and low fat diet. Start Minoxidil 2.5 mg and Norvasc 10 mg QD PO and continue to monitor.
- 4. Venous Insufficiency: venous insufficiency in GSV and SSV b/l, chronic DVT in R CFV, femoral and posterior tibial veins (06/17). Pt c/o occasional leg swelling b/l. Recommend compression stockings and leg elevation above the chest.
- 5. Leg pain: Rutherford cat class II. Pt denies leg pain b/l and has a history of smoking for 50 yrs. continue monitor
- 6. Dizziness: Carotid u/s < 30% stenosis (06/17). Pt c/o of occasional dizziness, with multiple episodes of near syncope. Continue monitor.
- 7. HLD: on Pravastatin 40 mg, target LDL < 70 mg/dl. F/u with PCP.
- 8. Hepatitis C: f/u with PCP
- 9. Liver Ca: Dx 4 months ago. f/u with oncologist.
- 7. Smoking- Pt has been smoking for 50 yrs, 1/2 PPD. Pt was counseled to quit smoking. Recommend Chantix.
- 8. Palpitations: Pt c/o occasional palpiations associated with dizziness. Continue to monitor.

### Plan

1) Start Minoxidil 2.5 mg PO QD and Norvasc 10 mg PO QD F/u in 2 weeks.

Electronically Signed By Amir K Kaki MD on 09/21/17 at 08:47 PM EDT



### Heart & Vascular Institute, PLLC

Performing Provider: Amir Kaki MD

Ronald Miller, 66 yrs Male, DOB: 11/14/1950

Visit Date: 10/10/2017 10:30AM

Visit Location: DETROIT HEART & VASCULAR INST, 4160 JOHN R ST STE 510, DETROIT, MI 48201-2021

Address: 14060 E State Fair St, Detroit, Michigan 48205-1867

Phone (Primary): 313-371-5841

Phone (Secondary): 313-926-9395

NOV: Established

SSN: XXX-XX-2494

Insurance: Medicare HMO/Medicaid HMO

Email: n/a

# Chief Complaint

Slight SOB

"Since i started taking this medications my chest has been much better"
Dizziness

### **Intake**

meds were taken today

Medications were reviewed with patient

### **Allergies**

No known active allergies

### Medications

Combivent Respirat CFC free 100 mcg-20 mcg/inh inhalation aerosol: 2 puff(s) as needed for 30 days

Aspir-Low 81 mg oral delayed release tablet: 1 enteric coated tablet once a day for 30 days Qvar with Dose Counter 80 mcg/inh inhalation aerosol: 2 puff(s) as needed for 30 days Lisinopril 40 mg oral tablet: 1 tablet once a day for 30 days, Prescribed Date: 05/16/2017

Minoxidil 2.5 mg oral tablet: 1 tablet once a day

Nitroglycerin 0.4 mg sublingual tablet: 1 as needed for 30 days

PredniSONE 10 mg oral tablet: 1 tablet once a day for 30 days

Isosorbide Dinitrate 20 mg oral tablet: 1 tablet once a day for 30 days

Norvasc 10 mg oral tablet: 1 tablet once a day

Plavix 75 mg oral tablet: 1 tablet once a day for 30 days
Famotidine 20 mg oral tablet: 1 tablet once a day for 30 days

Hydrochlorothiazide 25 mg oral tablet: 1 tablet once a day for 30 days, Prescribed Date: 05/16/2017

Spironolactone 25 mg oral tablet: 1 tablet once a day for 30 days

Isosorbide Mononitrate Extended Release 30 mg oral tablet, extended release: 1 extended release tablet once a

day for 30 days

Lyrica 50 mg oral capsule: 1 capsule once a day

Propranolol Hydrochloride 20 mg oral tablet: 1 once a day

Propranolol Hydrochloride 80 mg oral tablet: 1 tablet 2 times a day for 30 days

Pravastatin Sodium 20 mg oral tablet: 1 tablet once a day for 30 days

Oxymorphone Hydrochloride ER 10 mg oral tablet, extended release: 1 extended release tablet as needed

HydrOXYzine Hydrochloride hydrochloride 25 mg oral tablet: 1 tablet once a day for 30 days

Page 1 of 5

Ronald Miller (#3135134677)

66 yrs Male DOB:11/14/1950 Visit Date: 10/10/2017 10:30AM



#### **Problems**

No known active problems

### Vital Signs

No Vital Signs captured during this encounter

### History of Present Illness

66 yo M with PMH of HTN, HLD, Hepatitis, Liver Ca, CAD s/p LHC distal LAD 90% lesion in small caliber vessel, nonobstructive disease elsewhere, for medical treatment(09/16). Pt c/o typical chest pain on exertion, substernal, relieves with nitro. Pt also c/o SOB on walking. He c/o leg swelling, He also c/o occasional dizziness with palpitations. Pt denies LOC, and numbness/tingling.

not feeling fatigued; not tiring easily; no fever; no chills; no recent weight loss; no recent weight gain; **chest pain**; **palpitations**; no leg pain with exercise; no cold hands or feet; **difficulty breathing**; no orthopnea; no cough; no coughing up sputum; no hemoptysis; no wheezing; **dizziness**; no fainting; **edema**;

# Past Medical History

HTN

HLD

CAD

Hepatitis

Liver Ca

no difficulty breathing; no abdominal pain; no anxiety; **coronary artery disease**; no chest pain; no congestive heart failure; **systemic HTN**; no edema; no pneumonia; no chronic obstructive pulmonary disease; no esophageal reflux; no cholecystitis; no multiple renal cysts; **hyperlipidemia**; no osteopenia; no diabetes mellitus; no fracture; no depression;

### Social History

Has been a smoker for 40 years, smokes 4-7 cigarettes per day

Behavioral History: tobacco use; smoking;

Alcohol: social drinker; Drug Use: no drug use;

Habits: good exercise habits;

Sexual History: not sexually active;

### Family History

- 1. Heart disease- Parents
- 2. HTN- Parents, grandparents, siblings
- 3. Cancer- parents

no anxiety; no alcohol abuse in family; no substance abuse; **family history of heart disease**; no family history of early deaths; no family history of bleeding problems; no congestive heart failure; **systemic HTN**; no asthma; no chronic obstructive pulmonary disease; no chronic renal failure; no diabetes mellitus; no depression; **cancer**;

# Review of Systems

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Ear/Nose/Mouth/Throat no ear symptoms; no nasal symptoms; no throat symptoms; no oral cavity symptoms; no jaw symptoms;

Cardiovascular chest pain; no palpitations; no leg pain with exercise;

Respiratory difficulty breathing; no awakening at night short of breath; no orthopnea; no rapid breathing; no cough; no wheezing;

Gastrointestinal normal appetite; no pain on swallowing; no heartburn; no nausea; no vomiting; no bloating; no abdominal signs and symptoms; no change in bowel habit;

Musculoskeletal no musculoskeletal symptoms; nonspecific musculoskeletal pain, swelling, and stiffness;

Psychological no psychological symptoms;

Endocrine no polydipsia; not feeling dehydrated; no temperature intolerance; no thermal lability; no excessive sweating; no proptosis; no muscle weakness;

Hematologic/Lymphatic no hematologic symptoms;

Allergic/Immunologic no complaint of allergic reaction; no complaint of recurrent infections;

Systemic Symptoms: not tiring easily; no fever; no chills; no recent weight loss; no recent weight gain; normal appetite; no excessive sweating;

Neurological Symptoms: dizziness; lightheadedness; no fainting; no focal disturbances; no speech disturbance; no motor disturbances; normal walking;

Skin Symptoms: no excessive sweating; no easy bruisability; not itching; no skin lesions; examination of nails normal;



# S Physical Exam

General Appearance: general appearance normal; oriented to time, place, and person;

**Neck Exam:** neck veins not diffusely distended; no tenderness of neck on palpation; no decrease in neck suppleness; thyroid normal; no neck mass; carotid arteries normal;

Eye Exam: EOM normal; pupils normal; external eye normal; sclera normal; retina normal;

Ear Exam: ears normal;

Nose: no nasal discharge; nasal mucosa normal; nasal turbinate normal; no sinus tenderness;

Oral Exam: buccal mucosa moist;

Pharyngeal Exam: pharyngeal exam normal;

Lymph Node Exam: submandibular lymph nodes not enlarged; postauricular lymph nodes not enlarged;

Lung Exam: respiratory movements normal; lungs clear to auscultation;

Cardiovascular Exam: jugular vein normal; heart rate and rhythm normal; heart sounds normal; no murmur; apical impulse normal; no carotid artery bruit;

Abdominal Exam: no abdominal distention; bowel sounds normal; no abdominal bruit; abdomen soft; abdomen not firm; no abdominal muscle guarding; no direct abdominal tenderness; no abdominal mass; liver normal to palpation; spleen normal to palpation; no abdominal hernia;

Neurological Exam: oriented; no aphasia or dysphasia; cranial nerves normal; motor exam normal; no Romberg's sign; normal gait and stance; normal reflexes;

Skin Exam: no cyanosis; no diaphoresis; no skin lesions; skin normal except as noted;

Examination of Nails: no clubbing of fingernails;

Extremities: no pallor of extremities; skin of extremities not cold; popliteal pulses normal; posterior tibialis pulses normal; edema;

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### Assessment

- 1. Stable CAD: s/p LHC (09/16) showed distal LAD 90% lesion in small caliber vessel, nonobstructive disease elsewhere, for medical treatment. EF 60% by LV gram. Pt c/o occasional typical anginal chest pain on exertion, substernal, relieves with nitro. On Aspirin 81mg, Plavix 75mg, Imdur 30 mg. Multiple risk factors including HTN, HLD, Family Hx and smoking. Continue to monitor.
- 2. SOB: NYHA III: EF 50- 55 % (06/17). Pt c/o of SOB on walking <1 blocks. continue to monitor
- 3. HTN: Dx by PCP, today BP 110/77 mmHg, HR 61 bpm. Took meds today. On Lisinopril 40 mm, Propranolol 80 mg, Spironolactone 25 mg, HCTZ 25 mg, Minoxidil 2.5 mg and Norvasc 10 mg QD PO. Advised low salt and low fat diet. continue to monitor.
- 4. Venous Insufficiency: venous insufficiency in GSV and SSV b/l, chronic DVT in R CFV, femoral and posterior tibial veins (06/17). Pt c/o occasional leg swelling b/l. pt is using compression stockings and leg elevation above the chest.
- 5. Leg pain: Rutherford cat class II. Pt denies leg pain b/l and has a history of smoking for 50 yrs, continue monitor
- 6. Dizziness: Carotid u/s < 30% stenosis (06/17). Pt c/o of occasional dizziness, with multiple episodes of near syncope. Continue monitor.
- 7. HLD: on Pravastatin 40 mg, target LDL < 70 mg/dl. F/u with PCP.
- 8. Hepatitis C: f/u with PCP
- 9. Liver Ca: Dx 4 months ago. f/u with oncologist.
- 7. Smoking- Pt has been smoking for 50 yrs, 1/2 PPD. Pt was counseled to quit smoking. Recommend Chantix.
- 8. Palpitations: Pt c/o occasional palpiations associated with dizziness. Continue to monitor.

#### Plan

F/u in 6 months.

Electronically Signed By Amir K Kaki MD on 10/10/17 at 03:44 PM EDT

### **Preliminary Report**

Heart and Vascular Institute

4160 John R St.

Suite 510

Detroit MI 48202

(313) 993-7777





CARDIOVASCULAR EXCELLENCE

CARDIOYASCULAR







BSA:



MILLER, RONALD Patient Name:

Referring Physician: Dr Amir Kaki

Sonographer: Indication:

Asma Ahmed

SOB

MRN: 3135134677 DOB: 11/14/1950

Gender: M 66 Age:

172/110 BP.

Date of Service: 6/20/2017

Height: Weight: 71.0 in 190 lb

2.08 m<sup>2</sup>

Study Quality: Technically good.

### **Echocardiogram Report**

Echocardiogram was performed conforming to the American Society of Echocardiography protocols for a complete study using 2D/M-Mode, spectral and color flow doppler modalities in obtaining imaging, hemodynamics, measurements, and calculations.

Conclusions: 1. Left ventricular ejection fraction estimated by 2D at 50-55 percent.

2. There is a sigmoid septum.

3. Grade 2 diastolic dysfunction consistent with pseudo-normal relaxation and mild to moderate increase in filling pressures.

Findings:

Left Ventricle:

Left ventricular ejection fraction estimated by 2D at 50-55 percent. There is a sigmoid septum. Grade 2 diastolic dysfunction consistent with pseudo-normal relaxation and mild to moderate increase in

filling pressures.

Diastolic Function: Analysis of mitral valve inflow, pulmonary vein Doppler and tissue Doppler suggests grade II diastolic

dysfunction with elevated left atrial pressure.

Right Ventricle:

Normal right ventricular cavity size, thickness and function.

Left Atrium:

Normal left atrial size. Normal right atrial size.

Right Atrium: Mitral Valve:

Normal mitral valve.

Tricuspid Valve:

Normal tricuspid valve.

Aortic Valve:

Normal aortic valve.

Pulmonic Valve:

Normal pulmonic valve.

Aorta:

Normal aortic root and ascending aorta dimensions.

Pericardium:

No pericardial effusion.

Other:

No intracardiac shunt detected by Doppler.

### Electronically signed

### 2D Measurements

### **M-MODE Measurements**

LVIDd: 5.47 (4.2-5.9) cm 3.61 (2.1-4.0) cm LVIDs:

IVSd:

0.99 (0.6-1.0) cm

LVPWd:

0.88 (0.6-1.0) cm

LA:

Aortic Root: 2.66 (2.0-3.7) cm 2.86 (3.0-4.0) cm

### Mitral Valve

1.11 (0.6-1.3) m/s Peak E: 0.67 (<=.7) m/s Peak A: E/A Ratio: 1.65 (.75-1.5) 528.28 cm/s<sup>2</sup> DS: 210.26 (<=200) ms

**Tricuspid Valve** 

### **Aortic Valve**

1.38 (<=2.5) m/s Peak Grad: 7.66 (<=16) mmHg LVOT PV: 1.1 (0.7-1.1) m/s LVOT PG: 4.88 mmHg

### **Pulmonic Valve**